

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Regions Bank
3201 Ross Clark Cir.
Dothan, AL 36303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joseph L. Phillips*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Joseph L. Phillips

C. Date of Delivery

5-9-6

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

05 mc 3258

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

2005 1820 0002 3821 3172

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540